

Waivers Development External Stakeholder Workgroup

Update Regarding Waivers Development

Rose Burnette
NC DMH/DD/SAS
1/31/08 & 2/1/08



NC Division of Mental Health,
Developmental Disabilities and
Substance Abuse Services



Update Regarding Waivers Development

- Four Tiered Waivers
 - More individualized service array
 - Serve more people
 - Manage costs

Update Regarding Waivers Development

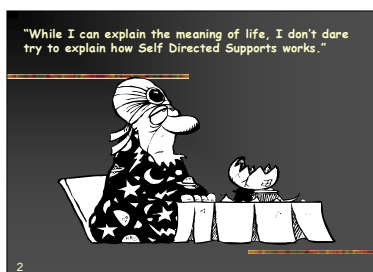
- Renewal of the existing waiver
- Submission of required components by the March 1, 2008 due date.
- Development of the Tiered waivers to be implemented January 1, 2009.

Implementing Self-Direction within NC HCBS Waivers

The Basics

Tara Heasley
DMH-DD-SAS
1-31-08


Implementing Self-Direction



Self Determination


" the process by which a group of people, usually possessing a certain degree of national consciousness, form their own state and choose their own government"

Encyclopedia Britannica




Principles of Self Direction

- Freedom
 - to choose where to live and work
 - to make choices for your life
 - to choose who is in your life




Self Direction

- Authority
 - to control how to spend your money
 - to determine what you will purchase




Self Direction

- Responsibility
 - to use public dollars effectively
 - to be responsible for the choices made
 - to contribute to the community you live in
 - to make the effort to have positive relationships with friends, family, neighbors



Self Direction


- Support
 - to assist in determining the type of support you need
 - to help others in helping you



Self Direction

Confirmation

- the recognition that individuals with disabilities themselves must be a major part of the re design of the service system of long term care.



Self Direction

- In other words, recognize the right of individuals to make informed choices, and take responsibility for those choices and related risks.



Self Direction

- Future of the North Carolina Waiver for individuals with intellectual disabilities and developmental disabilities



Self Direction

- The participant and/or their representative having lead responsibility and authority for
 - Hiring,
 - Screening,
 - Training and supervision of support and service staff
- A Financial Management entity will work with the individual and or their representative:
 - in conducting employer related tasks, such as obtaining background checks, payroll functions (taxes etc.), unemployment compensation fees, accounting etc.



Implementing Self-Direction

Under the self-directed option individuals will have Budget Authority or the ability to:

- Have decision making authority over an individual budget from which the individual purchases supports and services authorized in a person centered plan.
 - The person centered planning process is primary to insuring that individuals receive the services and supports needed within their identified budget.
- Have the flexibility to shift funds among authorized services within the total amount of the budget.



Implementing Self-Direction

What is the role of the Support Broker?

- To *guide and support* the individual throughout the process of self-directing their services.
- *Provide* information on recruiting, hiring, managing, training, and evaluating support staff
- *Assist* with developing schedules and outlining duties of staff

You decide the amount, if any, of Supports Brokerage.



Implementing Self-Direction

How is Case Management different from Support Brokerage?

- Case management is required for all waiver recipients.
- A case manager will facilitate the person centered planning process.
- A case manager continues to assess needs, coordinate and link services, and monitor service delivery.
- The case manager is also responsible, *with the individual*, in collaboration with the Financial Management agency, for monitoring the expenditure of funds authorized in the individual budget.

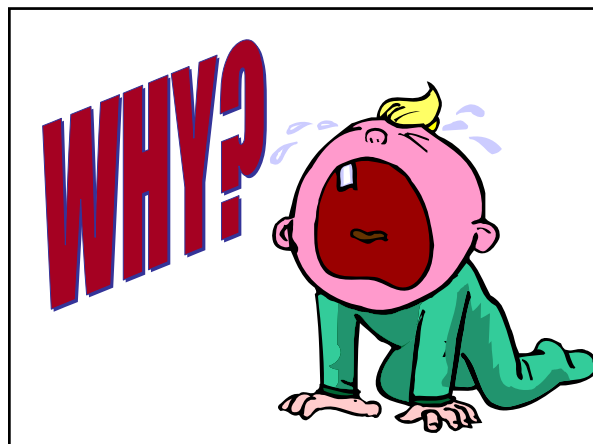


What's next

- Stakeholder input/feedback
- Learning from other states who have implemented self direction in their waivers.
- Learning and consulting with national experts.

Person Centered Planning

Christina Carter
DMH-DD-SAS
1-31-08



Dead and happy are incompatible

But

Alive and miserable is unacceptable

What is Our Purpose

- For individuals to receive the support they need within balance
- To craft meaningful lives in their communities-if desired
- To be in the company of those they care about
- To be in the company of those who care about them.

Person Centered Thinking Within the CAP MRDD Waiver

- Reduces barriers to connections
- Individual Crisis Planning
- Addresses difficult issues (risk, choice, responsibility) and engages in *ongoing* negotiation over those issues
- Requires listening carefully (*full of care*)
- Attends to culture
- Unconditional commitment to success

Myths of Person Centered Thinking/Planning

- Person Centered Planning means ***you get/can do anything you want***
- Person centered planning means ***everything is paid for "by the system" and only involves people who are a part of "the system"***
- Person centered planning ***cannot be used with people who challenge us and the system*** (people with labels of "challenging behavior")
- Person centered planning ***does not address clinical/medical needs; the "tough stuff"***
- Person centered planning ***cannot be used with people who don't use words to talk***



A Person Centered Plan IS NOT AN OUTCOME!

Within Person Centered Planning- Individuals will:

Meaningful input into the design and planning of the service.

Information about services, how to access them and how to voice complaints.

- **Opportunities** for school & employment in the system.
- **Easy, immediate** access to appropriate services(when available).
- Education, employment or vocational experiences that encourage individual growth, personal responsibility and enjoyment of life.
- **Safe and humane living conditions** in communities of their choice.
- **Reduced involvement** with the justice system.
- Services that **prevent and resolve crises**.
- **Opportunities** to participate in community life, to pursue relationship with others and to make choices that enhance their productivity, well being and quality of life.
- **Satisfaction** with the **quality and quantity of services**
- Access to an **orderly, fair and timely system of arbitration and resolution**.



Person Centered Plan

Let's walk through the
Person Centered Plan



Supports Intensity Scale

Rodney Realon
DMH-DD-SAS
1-31-08



Supports Intensity Scale

- **What is the Supports Intensity Scale?**
The Supports Intensity Scale (SIS) is an assessment tool that measures practical support requirements of an individual with an intellectual disability. Unlike traditional assessments, the SIS focuses on what daily supports an individual needs to live as independently as possible within their community.



Supports Intensity Scale

- **Is the SIS an IQ test or Adaptive Behavior Scale?**
The SIS is not an IQ test nor is it an Adaptive Behavior Scale (ABS). What distinguishes the SIS from IQ tests and ABS is the focus on the pattern and intensity of supports as measured by the frequency, amount, and types of support.



Supports Intensity Scale

- **Who developed the SIS?**

The SIS was developed over a 5 year period of time by a team of experts from the American Association on Intellectual and Developmental Disabilities- AAIDD (formerly known as the American Association on Mental Retardation) and was published in 2004.



Supports Intensity Scale

- **Why is North Carolina choosing to use the Supports Intensity Scale?**

North Carolina chose to use the SIS because:

1. it is positive and supports oriented,
2. it is engaging,
3. it is reliable and valid,
4. it is simple with well defined item descriptions,
5. it has an excellent measurement scale



Supports Intensity Scale

- **Will the SIS replace other assessments that are currently completed?**

No, the SIS will not replace current assessments completed by Psychology, Nursing, Speech, Physical Therapy, etc. The SIS will be used in conjunction with these assessments to assist the individual and their support team in developing a Person Centered Plan that focuses on strengths and abilities, not deficits.



Supports Intensity Scale

- **Is the SIS being used in any other states?**

The SIS is currently in use in ten states: Georgia, Washington, Louisiana, Utah, Pennsylvania, Colorado, Oregon, Missouri, Virginia, and Nebraska and three additional states, Florida, Oklahoma and California, are considering the instrument's use. North Carolina has also implemented the SIS in Piedmont through their Innovations waiver.



Supports Intensity Scale

- **Is the SIS for adults or children?**

Currently, only the Adult version for individuals that are 16 years old and older has been published. A Child version (for individuals that are age 5 through 15) of the SIS has been developed and is currently going through a field test with an anticipated publication date of January 2009. North Carolina is part of that field test.



Supports Intensity Scale

- **How will the SIS be administered?**

Current thinking:

The examiners will be licensed mental health professionals (Licensed Psychologists, Licensed Psychological Associates, Licensed Clinical Social Workers and Licensed Professional Counselors) with developmental disability experience and independent of the individual's support team.

Supports Intensity Scale

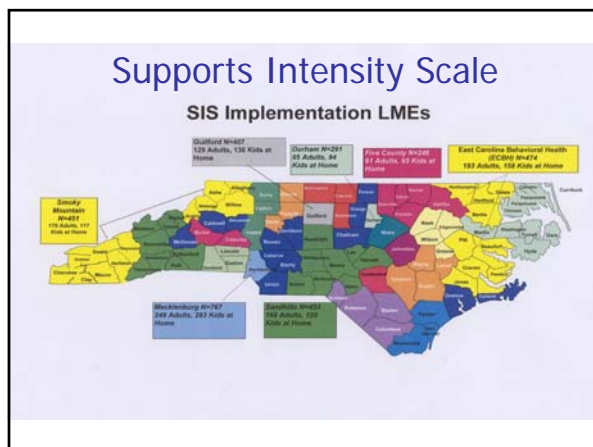
■ Current Project:

At this time the 7 LMEs with single stream funding will implement the Supports Intensity Scale. The DMH-DD-SAS will assist those LMEs in prioritizing consumers who should have the SIS administered.

Supports Intensity Scale

Future Implementation

- When the tiered CAP MRDD waivers are implemented, those individuals choosing to self-direct their services and those individuals with high medical and/or behavioral needs will be required to have the SIS completed.



Supports Intensity Scale

■ How will a Case Manager use the results from the SIS?

- A major strength of the SIS is that it **identifies supports** that are needed to help **an individual be successful** in a variety of life domains.
- During the person centered planning meeting, as needs are identified, **corresponding supports, including natural supports**, should also be identified to assist the individual in meeting those needs.
- Several training opportunities will be provided for case managers, LMEs, individuals and families, to gain a better understanding of the SIS and how it can be used.

Supports Intensity Scale

■ Will the SIS be done annually?

Things To Ponder:

The SIS should be completed every two years unless there has been a significant change in an individual's life.

Risk Assessment

Sandy Ellsworth
DMH-DD-SAS
1-31-08



Risk Identification

- Not all crisis are behavioral in nature
- Life events affect everyone differently
- Identifying and addressing risks are the key to crisis prevention



Risk Identification

- Risk Identification Tool identifies potential risk and asks for the reason why this is a risk for this person.
- Review of this information creates a risk assessment.



Risk Identification Tool

Identifies issues in the following areas

- Situational
- Environmental
- Behavioral
- Medical
- Financial
- Review of incidents from the incident reporting system



Risk Assessment

- The Risk Assessment is considered during the development of the Person Centered Plan.
- Supports, strategies and goals will be developed based on information learned from the Risk Assessment.



Level of Care

Jeff Holden
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1-31-08



ICF-MR LOC DETERMINATION

To be Medicaid eligible at the ICF-MR LOC, the individual must require **active treatment** necessitating the ICF-MR level of care.

ICF-MR LOC DETERMINATION

- Active treatment refers to aggressive, consistent implementation of a program of specialized and generic training, treatment and health services. Active treatment **does not** include services to maintain generally independent clients who are able to function with little supervision or in the absence of a continuous active treatment program...

AND

ICF-MR LOC DETERMINATION

The individual must **ALSO** have a diagnosis of mental retardation **OR** a condition closely related to mental retardation.

ICF-MR LOC DETERMINATION

- Mental retardation is a disability characterized by significant limitations both in the intellectual functioning and in adaptive behavior as expressed in conceptual, social and practical adaptive skills. The disability originates before age 18.

ICF-MR LOC DETERMINATION

- Persons with closely related conditions refer to individuals who have a severe, chronic disability that meets **ALL** of the following conditions:

ICF-MR LOC DETERMINATION

- Cerebral palsy or epilepsy; or any other condition, other than mental illness, found to be closely related to mental retardation because this condition results in impairment of general intellectual functioning or adaptive behavior similar to that of mentally retarded persons, and requires treatment or services similar to those required for these persons;
and

ICF-MR LOC DETERMINATION

- It is manifested before the person reaches age 22; It is likely to continue indefinitely;
- It results in substantial functional limitations in three or more of the following areas of major life activity:
 1. Self-care.
 2. Understanding and use of language.
 3. Learning.
 4. Mobility.
 5. Self-direction.
 6. Capacity for independent living.



ICF-MR LOC DETERMINATION

A representative of the local management entity must fax a completed **MR2 form** to the developmental center.

- MR2 must be complete and include signatures of the LME representative and a physician or licensed Ph.D. psychologist.
- Contact Information for the case manager/service broker, physician, relative/guardian, recipient and the LME contact representative must be included.



ICF-MR LOC DETERMINATION

For those individuals who do not have Medicaid, but whose application is pending, county DSS will assign the individual an **identification number**.

- This identification number must be included on the MR2 along with a written acknowledgement from DSS that the person has applied for Medicaid and that the number provided is their identification number.



ICF-MR LOC DETERMINATION

In addition to the MR2, a **current psychological evaluation** that assesses both cognitive and adaptive functioning must be included.

- The psychological evaluation must have been completed within the last three years for persons 18 and older or within the last year for children less than 18.



ICF-MR LOC DETERMINATION

For evaluations that are beyond these time frames, a licensed psychologist or licensed psychological associate may attach a concurrence to the full psychological evaluation stating that the evaluation is still valid.

- The completed MR2 and the psychological evaluation must be received at the developmental center within 30 days of the date the MR2 was signed by the physician.



ICF-MR LOC DETERMINATION

Upon receipt of the MR2 and psychological evaluation, the developmental center will stamp each document with the date received.

- Should the packet not be complete, the contact person will be notified via fax or phone and required information will be requested. The contact person will have 15 business days to furnish the required information to the developmental center or the person requesting ICF-MR level of care will be notified by a letter that the request can not be processed, with a copy sent to the recipient.



ICF-MR LOC DETERMINATION

- Should the developmental center require information in addition to the completed MR2 and current psychological evaluation, the recipient and person requesting prior approval will be notified of the request. The contact person will have 15 business days to furnish the additional information to the developmental center or the request will be denied.



ICF-MR LOC DETERMINATION

- Once the submitted packet is complete and any additional requested information is received, the developmental center will have five business days to make a determination.



ICF-MR LOC DETERMINATION

- Once the submitted packet is complete and any additional requested information is received, the developmental center will have five business days to make a determination.



ICF-MR LOC DETERMINATION

- Should the recipient be approved, the contact person at the LME will be faxed the MR2 with the prior approval number and will have 10 business days to mail the original MR2 with the authorization number back to the developmental center.
- If the MR2 is not received by the developmental center within 10 working days, the prior approval is voided and EDS, the recipient, and the LME will be notified.



ICF-MR LOC DETERMINATION

- Upon receipt of the original MR2, the developmental center will stamp "Approved" with an authorization signature on the original MR2 as well as the two colored copies.
- The developmental center copy is removed and filed in the record along with any other material related to the request packet.
- The developmental center will have 10 working days to send the original stamped MR2 to the LME via certified mail.
- The LME will be responsible for sending one copy to the responsible county DSS and the other copy to the individual's provider.



ICF-MR LOC DETERMINATION

- The developmental center cannot issue an informal opinion as to the eligibility of a recipient who the LME is considering for CAP-MR/DD services.
- Once the LME submits a completed MR2 and a current psychological evaluation for the developmental center to assess ICF-MR level of care, the developmental center will render a formal decision.



ICF-MR LOC DETERMINATION

- If the individual is denied ICF-MR level of care they are notified by certified letter along with an explanation of their appeal rights.

ICF-MR LOC DETERMINATION

- If a person currently receiving CAP-MR/DD is found to **no longer meet LOC eligibility criteria** the normal denial letters are sent advising the consumer of his/her appeal rights.
- Should the consumer appeal the level of care denial, the LME will ensure that the person does not lose CAP-MR/DD services during the appeal process. If the denial decision is changed or reversed, there will be no gap in services.

ICF-MR LOC DETERMINATION

- Even if the case manager does not question LOC, the LME is responsible for reviewing 5%, or 30 cases whichever is less, of all LOC re-evaluations for persons in their catchment area to confirm that the case manager has assessed the LOC appropriately.
- As stated above, if the case manager and/or the LME determines that the individual may no longer meet ICF-MR LOC eligibility, they refer the case to the developmental center where a determination of LOC will be completed.

ICF-MR LOC DETERMINATION

- A **re-evaluation of level of care** must be started prior to the individual's birthday month and is completed annually during the month prior to the individual's birthday month.
- Reevaluations are performed by the case manager. The case manager must use the same eligibility criteria detailed

ICF-MR LOC DETERMINATION

- A new MR2 is completed and signed by either the case manager or physician/licensed psychologist and the LME representative.
- If ICF-MR level of care is questioned during this reevaluation process the individual must be referred by the LME back to the vendor to determine LOC

Prioritization

Sandy Ellsworth
DMH-DD-SAS
1-31-08

Prioritization Tool

- The waiver application requires states to specify how individuals will be identified to receive waiver funding.
- *The CAP-MR/DD Waiver Services Prioritization Tool* is used to assess the intensity of need of individuals requesting CAP-MR/DD Waiver funding.



Prioritization Tool

- The tool has six sections covering the areas of need;
 - Habilitation Support
 - Medical and Related Support
 - Personal Care and Adaptive Equipment
 - Array of Current Supports and Services
 - Risk of Institutionalization
 - Length of time waiting for CAP-MR/DD waiver funding



Prioritization Tool

- The LME completes the tool by interviewing family or another person who is very familiar with the individual.
- Information is updated:
 - When additional funding is available
 - When the needs of the individual change



Resource Allocation

Rodney Realon
DMH-DD-SAS
1-31-08



Resource Allocation

- **What do you mean by Resource Allocation?**

This refers to a detailed budget (i.e., the cost summary) that takes into account individual circumstances and is developed during the Person Centered Planning process.



Resource Allocation

- **How will my resource allocation be determined if I choose to self direct my services?**

Three components will determine your individual budget:

- 1) Historical utilization of services
- 2) The Person Centered Planning process
- 3) A statistical model



Resource Allocation

- **Can you explain the statistical model?**

The model uses *individual consumer characteristics* (e.g., level of mental retardation, age, physical impairments, etc.) and *measures of support need* (i.e., NC-SNAP and SIS data) to project an estimated individual budget. These data are collected on a large number of consumers and then analyzed using a statistic referred to as multiple linear regression.



Resource Allocation

We are in the process of collecting and analyzing data to be used as a part of the process to determine an individual's resource allocation.



Resource Allocation

- **Why use a statistical model to determine a budget?**

The statistical models allows for a *consistent methodology* that *fairly* and *equitably* determines budgets for all individuals that choose to self direct their services.



Resource Allocation

- **Has any other state used statistical models to develop individual budgets?**

Wyoming, Georgia, Utah, Louisiana, South Dakota, and Pennsylvania are using this model.



Resource Allocation

- **Has North Carolina ever tried to do this?**

Over the past several years, NC has been very successful in gathering the data and testing development of a model that would work in NC. These attempts have been supported by the consultation of Dr. Jon Fortune (who pioneered this model with Ed Campbell) has consulted with Dr. Ed Konarski, Dr. Marc Tasse, and myself.



Resource Allocation

- **What if this model predicts a budget that is less than what I have had in the past?**

For individuals choosing to self direct their services, North Carolina will be phasing in the statistical model so that for the first year, 75% of your budget will be based on historical utilization, and 25% of your budget will be determined from the statistical model.



Resource Allocation

- **What if I still disagree with my budget?**

An review process will be developed to address this issue.



Resource Allocation

- **If my needs change can my budget be adjusted?**

Yes, a process will be developed to address this issue.



Resource Allocation

- **How often will this statistical model be recalculated?**

NC will recalculate the model yearly to keep it reflective of current costs and needs of individuals served.



Participant Rights

Cheryl Smith
DMH-DD-SAS
1-31-08



Participant Rights

- Refers to how the state provides an opportunity to request a Fair Hearing under 42 CFR Part 431, Subpart E to individuals:
 - Who are not given the choice of home and community based services as an alternative to the institutional care, or
 - Are denied the service's of their choice or the provider's of their choice, or
 - Whose services are denied, suspended, reduced or terminated.



Participant Rights

- In North Carolina individuals are notified in writing of their rights to a fair hearing. This document includes the following:
 - the right to a Fair Hearing;
 - the method for obtaining a Fair Hearing;
 - the rules that govern representation at Fair Hearings;
 - the right to file grievances and appeals;



Participant Rights

- the requirements and timeframes for filing a grievance or appeal;
- the availability of assistance in the filing process;
- the toll-free numbers that the individuals can use to file a grievance and/or appeal by phone;
- rights, procedures and timeframes for voicing or filing grievances and appeals or recommending changes in policy and services.



Participant Rights

- Each individual will receive a copy of their rights at the time of eligibility screening for home and community based waiver services.
- Each individual will be notified of their appeal rights when denial, reduction, or terminations of wavier services are made.
- This information will be reviewed on an annual basis during the Continued Need Review.



Participant Rights

- Every LME has Customer Services Representative that you may contact to make your complaints at the LME level.
- Also you may contact DMH/DD/SAS Customer Services and Consumer Rights at 919-715-3197



Participant Safeguards

Sandy Ellsworth
DMH-DD-SAS
1-31-08



Safeguards

- Protections for health and safety for individuals are woven through out the waiver
- Appendix G outlines the specific protections
- Woven though out the QM Plan



Safeguards

- Three areas are addressed:
- Response to critical incidents or events
 - Safeguards concerning restraints and restrictive interventions
 - Medication Management and Administration



Critical incidents and events

- Reporting requirements
- Participant Training and Education
- Responsibility for review and response to critical events or incidents
- Responsibility for oversight of critical events or incidents



Quality Management

Adolph Simmons
DMH-DD-SAS
1-31-08



Quality Improvement Plan

- As a part of the 1915c Waiver application, the DMH-DD-SAS's Quality Improvement plan assures that:
 - "The Medicaid Agency retains ultimate authority administrative responsibility for the operation of the waiver program by exercising oversight of the performance of the waiver functions by other state and local/regional non-state agencies".



Quality Improvement Plan

- The Quality Improvement performance areas are:
 - Levels of Care (LOC)
 - Data Sources include:
 - Murdoch LOC evaluations
 - Statewide Utilization Reviews
 - Division of Medical Assistance (DMA) audits



Quality Improvement Plan

- Financial Accountability
 - Data Sources include:
 - DMA Post Payment Reviews
 - Person Centered Plans (Service Plan)



Quality Improvement Plan

- Qualified Providers
 - Data Sources include:
 - LME Provider Endorsement
 - DMA Enrollment
 - DMH-DD-SAS Provider Monitoring
 - Frequency and Extent of Monitoring Tool (FEM)
 - Provider Performance Measures.




Quality Improvement Plan

- Service Plan
 - Data Sources include:
 - Completion and quality of Person Centered Plans
 - Records Management and Documentation Manual




Quality Improvement Plan

- Health and Welfare
 - Data Sources include:
 - Incident Reporting
 - National Core Indicators Survey
 - Best Practice Clinical Reviews



Quality Improvement Plan

- Financial Accountability
 - Data Sources include:
 - DMA Post Payment Reviews
 - Person Centered Plans (Service Plan)



Questions and Feedback

- We have created an email account for feedback and input.
- The email address is:
Tiered.Waivers.Development@ncmail.net